

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>5259</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Robert A Joyce</u> P.O. Box, Bldg., Room No., if any Street <u>3246 Phillips Street</u> City <u>Steger</u> State <u>Illinois</u> ZIP Code + 4 <u>60475</u>	4. Name, file number, and address of labor organization. Name <u>IBEW Local 15</u> Labor Organization File Number <u>526-840</u> P.O. Box, Building and Room Number, if any <u>Suite 103</u> Street <u>1548 Bond Street</u> City <u>Naperville</u> State <u>Illinois</u> ZIP Code + 4 <u>60563-6508</u>
5. Position in labor organization. <u>President/Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>07/28/05</u> Date	<u>630-357-1970</u> Telephone Number

Name of Person Filing Robert Joyce

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Arnold and Kadjan

Trade Name, if any: Legal Service Provider

P.O. Box, Bldg., Room No., if any

Street 19 West Jackson Boulevard

City Chicago

State Illinois

ZIP Code + 4 60604-3958

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Does legal work for Local. Arbitrations and Lawsuits.

11.b. Approximate dollar value of such dealing.

220,000.

12.a. Nature of interest held or income received.

Bookstone Radio

12.b. Amount.

\$185

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Goldberg, Weisman & Cairo, LTD

Trade Name, if any: Attorneys-at-Law

P.O. Box, Bldg., Room No., if any 34th Floor

Street One East Wacker Drive

City Chicago

State Illinois

ZIP Code + 4 60601

14.a. Nature of payment.

Sponsored 2 annual dinners which included dinner and cocktails.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

\$100

Name of Person Filing Robert Joyce	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Amalgamated Bank of Chicago</p> <p>Trade Name, if any: Bank</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street One West Monroe</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Bank account.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>4 Tickets to a baseball game.</p> <p>12.b. Amount. \$184</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Goldberg, Weisman & Cairo, LTD</p> <p>Trade Name, if any: Attorneys-at-Law</p> <p>P.O. Box, Bldg., Room No., if any 34th Floor</p> <p>Street One East Wacker Drive</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60601</p>	<p>14.a. Nature of payment.</p> <p>8 tickets to baseball games.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. \$368</p>

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LATHAM & WATKINS LLP



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August 2, 2005

U.S. Department of Labor
Office of Labor-Management Standards
Washington, D.C. 20210

Re: Form LM-30; Labor Organization Officer and Employee Report

Ladies and Gentlemen:

Enclosed is the Form LM-30 for Paris K.C. Barclay who serves as an Officer of the Directors Guild of America, Inc. Please contact me if you have any questions regarding this form.

Very truly yours,

Thomas L. Pfister
of LATHAM & WATKINS LLP

Encl.